

SUMMARY OF GUIDANCE FOR PrEP USE

DETECTING SUBSTANTIAL RISK OF ACQUIRING HIV INFECTION:

Men Who Have Sex With Men

- Sexual partner with HIV
- Recent bacterial STI
- More than one sex partner
- History of inconsistent or no condom use
- Commercial sex work

Heterosexual Women and Men

- Sexual partner with HIV
- Recent bacterial STI
- More than one sex partner
- History of inconsistent or no condom use
- Commercial sex work
- Lives in high-prevalence area or network

Injection Drug Users

- HIV-positive injecting partner
- Sharing injection equipment
- Recent drug treatment (but currently injecting)

Individuals who received an HIV diagnosis in Florida in 2018 by mode of HIV exposure:

59%
MEN WHO
HAVE SEX
WITH MEN

18%
FEMALE
HETEROSEXUAL
CONTACT

15%
MALE
HETEROSEXUAL
CONTACT

7%
INJECTION
DRUG USER

Florida Department of Health. Florida Fact Sheet.
www.floridahealth.gov/diseases-and-conditions/aids/surveillance/_documents/fact-sheet/FloridaFact-sheet_2018.pdf. Accessed June 1, 2020.

CLINICALLY ELIGIBLE:

- Documented negative HIV test before prescribing PrEP
- No signs/symptoms of acute HIV infection
- Normal renal function, no contraindicated medications
- Documented hepatitis B virus infection and vaccination status.

WHAT TO DO AFTER A NEGATIVE TEST?

After delivery of a HIV negative result, it is important to evaluate appropriateness for and interest in available prevention strategies, through open discussion of sexual practices and other risk behaviors.

A risk reduction plan may include planned re-testing for HIV and other sexually transmitted infections (STIs) at an appropriate interval, condom use, and pre-exposure prophylaxis (PrEP).

The United States Food and Drug Administration (FDA) has approved two formulations of antiretroviral medications for use in HIV prevention in sexually active HIV-negative individuals.

A PrEP prescription requires, in addition to baseline HIV and additional laboratory testing, quarterly clinical and laboratory monitoring. PrEP should be considered and recommended for individuals at increased risk for HIV infection.

The Florida Department of Health offers PrEP services in each county.

Facilities that offer PrEP, by location are available at:
www.preplocator.org

www.floridahealth.gov/diseases-and-conditions/aids/PrEP/index.html



UNIVERSITY OF MIAMI
**MILLER SCHOOL
of MEDICINE**

HIV TESTING *It's Routine!*

TOGETHER WE CAN MAKE
HIV TESTING ROUTINE!

FOR MORE INFO
OR ASISTANCE
CONTACT US
(305)243-2584



WHY HIV TESTING IS IMPORTANT

Testing for HIV is the only way to determine if a person is living with the virus. Increasing the number of persons who are aware of their status and receiving appropriate antiretroviral treatment is an essential part of the strategy to reduce new HIV infections.

The Centers for Disease Control and Prevention (CDC) estimates that 1.1 million Americans age 13 and older are living with HIV; of those, approximately 14% are unaware of their HIV positive status.

Increasing the number of persons who are aware of their status and receiving appropriate antiretroviral treatment is an essential part of the strategy to reduce new HIV infections. In 2018, 4,906 individuals were diagnosed with HIV in Florida.

Early diagnosis and immediate treatment for HIV is key to ending the epidemic in the U.S. The United States Preventive Services Task Force (USPSTF) has given Grade A recommendations to the use of PrEP and routine HIV testing, as effective strategies for early diagnosis of HIV infection and prevention for persons who at increased risk of acquiring HIV.

TOGETHER WE CAN MAKE HIV TESTING ROUTINE

Our program is designed to distribute information and provide technical assistance to Florida providers in order to increase routine HIV testing in health care settings. Routine testing is an important first step in the early detection of HIV and can help facilitate an immediate linkage to HIV care and antiretroviral therapy (ART).

Despite seeing a provider, more than 75% of patients at high risk for HIV are not getting tested annually. The CDC recommends that individuals between the ages of 13 to 64 get tested for HIV at least once and those with risk factors get tested more frequently.

Risk assessment should be included as part of routine primary care visits for all sexually active patients. Based on the patient's risk and preferences, recommending the use of pre-exposure prophylaxis (PrEP) to prevent HIV may also be appropriate.

WHAT THE CDC RECOMMENDS

- Significantly increasing the number of persons tested in jurisdiction with a high rate of HIV among disproportionately affected populations.
- Supporting implementation of the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant women in Health Care settings.
- Considering PrEP for people who are HIV-negative and at substantial risk for HIV infection.
- Conducting routine HIV screening using the opt-out approach, where the patient must decline the test as a part of their healthcare screening.

FLORIDA'S PLAN TO RESPOND

- Implement routine HIV and Sexually Transmitted Infections (STIs) screening in health care settings and priority testing in non-health care settings.
- Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP).
- Provide rapid access to treatment and ensure retention in care (Test and Treat).
- Increase HIV awareness and community response through outreach, engagement, and messaging.

AVAILABLE TESTING OPTIONS

- There are a variety of point-of-care rapid HIV tests currently available that can be offered on-site and which provide patients with same day results (within 2-20 minutes).
- Laboratory-based HIV tests include Nucleic Acid Amplification tests (NAATs), Antigen/ antibody combination (4th generation) tests, and antibody-only tests.
- It is important to be aware of the window period for recent infections, which can differ per test.
- For general screening, 4th generation antigen/ antibody laboratory based tests provide reliable testing with a window period of 3-6 weeks for most people.
- Nucleic-acid amplification tests are useful when acute infection is suspected but should not be routinely used as a test for diagnosis of HIV infection.
- Remember that no available test can reliably identify very early infection (first 2-3 weeks after exposure)

WHAT TO DO AFTER A POSTIVE TEST?

The Department of Health and Human Services (DHHS) Guidelines currently recommend universal antiretroviral therapy (ART) for all people living with HIV regardless of CD4 count as soon as possible.

Starting ART immediately after diagnosis improves health outcomes by preventing disease progression and reducing viral load.

People living with HIV who take ART medication as directed and have an undetectable HIV viral load have essentially no risk of transmitting HIV to their sexual partners. There is a benefit to the community resulting from reduced transmissions when people living with HIV are started on ART immediately.

It is important to contact your local health department immediately and establish immediate linkage to care for anyone newly diagnosed with HIV infection. People living with HIV who stay undetectable can stay healthy and have effectively no risk of sexually transmitting HIV.

HOW WE CAN HELP

- Perform assessments and training that can help HIV testing to become routine in health care settings consistent with Florida laws and on coding and billing of third-party payers for HIV testing conducted in health care facilities.
- Provide resources regarding HIV linkage to care for positive test results and linkage to prevention services including pre-exposure and post-exposure prophylaxis for HIV-negative people who are at increased risk for infection.
- Increase awareness among health care providers of 2015 modifications to section 381.004 of the Florida Statutes, which governs HIV testing in Florida.

